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Why Home-Based Child Care Providers Closed Their Doors: **Learning from COVID-19 to Strengthen Resilience in the Early Learning System**



Acknowledgements

We would like to thank all the child care providers who took the time to talk with us about their experiences operating their businesses during COVID. We hope that their stories will inform the improvement of supports available to child care providers in Oregon and increase our child care system's resiliency to respond to the needs of families and providers.

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Contents

Introduction and Background	4
Methodology	5
Participant Characteristics	6
Results	7
Description of Child Care Programs	8
The Impact of COVID-19 on Child Care Programs	11
Providers After Closure	20
Impact of Closures on Families	27
Supports Needed to Prevent Future Closures or to Help Providers Reopen	30
Recommendations and Discussion	34
References	36
Appendix. Interview Questions	37

Introduction and Background

The COVID-19 pandemic brought widespread disruptions, closures, and chaos to early learning and care services and systems designed to support family well-being. An estimated 63% of center-based and 27% of family child care programs have closed nationally (National Association for the Education of Young Children, 2020). These closures have not impacted all families equally. For example, closures disproportionately impacted families of color by exacerbating existing systemic inequities. As one example, Black/African American and Latina/o/x families were more likely to have experienced child care closures than White families (Lee & Parolin, 2021). Further, parents with lower paying jobs, particularly those in the service sector, were more likely to have been working outside their homes during the pandemic, and less likely to have paid time off. Therefore, disruptions in child care were especially likely to be costly (requiring taking time off without leave) and/or jeopardize their employment (Schneider & Harknett, 2020). One national survey found that children in poverty during the height of the pandemic were more likely to lack in-person early learning and care services, compared to children in more affluent families (Barnett & Jung, 2021). For all these reasons, despite considerable challenges in doing so, keeping child care programs open during the pandemic was a high priority for state and local governments. In Oregon, providers faced numerous challenges to remaining open, including concerns about their own safety, health standards requiring reduced capacity for serving children, and families' own instability and changing needs for regular child care.

As of this writing (early 2023), child care shortages have reached crisis levels both in Oregon and elsewhere. To better understand how state agencies might provide supports to early learning programs that would help them remain open during emergencies (such as the COVID-19 pandemic) or in other situations that create pressure for closures within an already stressed child care system, our research team was engaged to conduct this study. The goal was to learn from providers who had made the decision to close permanently during the COVID-19 pandemic about why they closed, and what, if any, supports might have enabled them to stay open and continue to serve families with young children.

Methodology

As part of the ongoing PDG Statewide Needs Assessment, Oregon child care providers were invited to take part in a provider survey in spring 2021 (Pears, K. C., Lauzus, N., Scheidt, D. & Guyer, S. 2022). Of the 2,166 providers who completed the survey, 35 child care providers indicated they permanently closed their child care business during the COVID-19 global health pandemic. Of these 35, 20 identified as “family child care – homes” and 15 identified as “certified family child care.” These 35 providers were considered to be potentially eligible for this study. We contacted those providers via text, phone call, and/or email with a description of the study and asked if they would be interested in participating in an interview. Of 35 providers who could be contacted, all were contacted 3 times. Fifteen providers did not respond, 3 were determined to be ineligible after screening, 2 declined to be interviewed, and 15 agreed to participate and completed an interview. All of those that agreed to be interviewed were home-based child care providers. These interviews were completed via telephone or Zoom in fall 2022.

Providers were given the option to complete the interviews in either English or Spanish; however, no provider chose to complete the interview in Spanish. Interview questions were qualitative and semi-structured. We asked providers about their businesses and the circumstances that led them to close, including who they served, length of operation, financial and material support they accessed, and what measures they took to remain in operation. Additionally, we asked providers about their feelings regarding closing, their thoughts on reopening, and what support they would need in order to reopen. See Appendix A for a copy of the interview protocol. Interviews lasted between 15 and 60 minutes. Providers received a \$50 electronic gift card in exchange for participating.

The PSU CCF research team recorded and transcribed interviews and stored completed transcriptions in the ATLAS.ti software, which we used for content coding and initial synthesis of findings. We developed codes based on identification of key themes within each interview question. After initial codes were developed and we reached consensus about coding for a sample interview, we coded interviews independently. Five interviews were coded by two individuals to determine intercoder reliability. We then reviewed and synthesized final coding and quotes, and identified high-level themes that emerged from coded information. These themes were then shared back with providers to ensure their experiences were represented in our synthesization. These themes were used as the basis for this report.

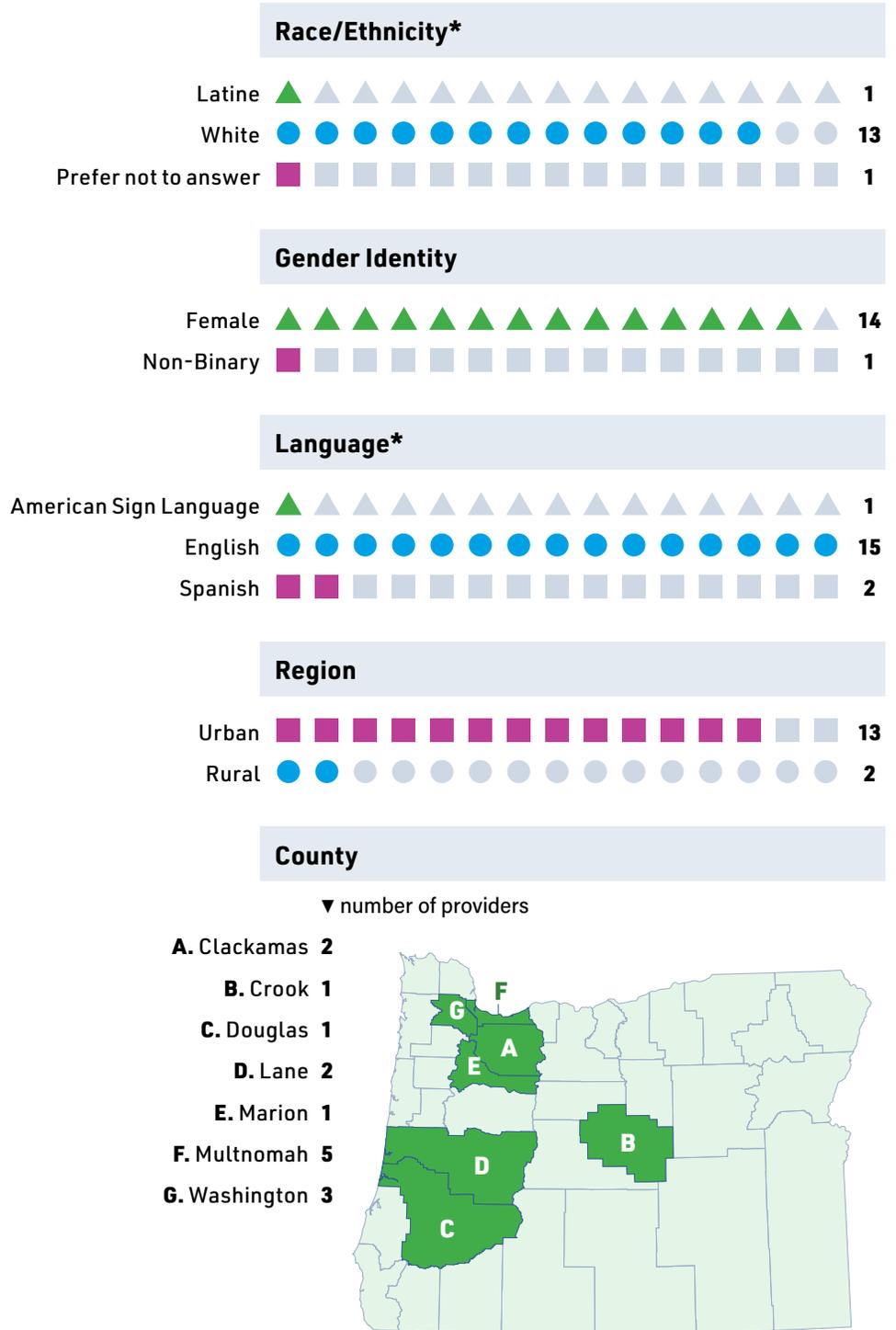
Participant Characteristics

Fig. 1 Participant Demographics n=15

As detailed in Figure 1, most of the providers interviewed were based in Multnomah and Washington Counties. Other counties represented by participating providers included Clackamas, Lane, Crook, Douglas, and Marion.

Over three quarters of providers interviewed operated their child care business in an urban area of Oregon, with a small percentage operating in a rural area of Oregon, as designated by the Oregon Office of Rural Health.¹

Fourteen participants identified as female and one provider identified as non-binary. Additionally, a majority of providers identified as White, one as Latine, and one provider preferred not to answer.



* Figures do not total to 15, as providers could select all that apply.

¹ <https://www.ohsu.edu/oregon-office-of-rural-health/about-rural-and-frontier-data>

Results





Description of Child Care Programs

We asked providers to describe the program they owned prior to the onset of COVID-19, including who they were serving, what types of services they were providing to families, and any special aspects of their programming. These providers enrolled a diverse group of families. They served children as young as 6 weeks through age 13 years. A majority of providers we spoke with served children ages 2 to 5 years. At any given time, providers cared for anywhere from 6 to 16 children and offered both full- and part-time care.

We also asked providers about the various cultural and linguistic backgrounds of the families they were serving. Most families being served spoke English at home, with a handful speaking other languages such as Spanish and Italian. Families served were majority White.

Many of these child care programs told us that they served children with various intellectual and physical needs such as autism, attention deficit hyperactivity disorder (ADHD), Joubert Syndrome, and cerebral palsy.

“We did also serve a lot of families of kiddos who maybe had a hard time at other schools for whatever reason, so we ended up with a lot of kiddos that ended up being diagnosed with sensory processing disorder or autism, because our program was designed in a way that served those kiddos really well, in a way that was incredibly inclusive.”

“I think it’s mostly coincidental that a lot of children with developmental disabilities don’t have stable care. They look for care a lot. We were really willing to work with early intervention or other therapists to come into the program.”

Although we did not specifically ask providers about the socioeconomic status of the families they served, a few discussed this topic; these providers described serving families with a range of incomes.

“I would say we’re in a community of low income. That was definitely prevalent in my program. I welcomed it. I loved that specially and would just be graceful with tuitions if they were having a hard time. It was something that was within my abilities to be able to waive fees for a month if they needed that kind of thing. I appreciated having them in our program.”

“I would say majority middle to upper-middle class, class range.”

Unique Program Features

Providers were asked to share what they felt were particular strengths of their program; responses included flexible schedules and hours of operation, providing family-like settings, and using inclusive practices for children with socioemotional and behavioral needs. The majority of child care programs included in the study offered limited special hours outside of common center-based early childhood programs—such as early morning, late night, or weekend care. Often, these offerings were impromptu, based upon providers' flexibility and willingness to accommodate families' unique circumstances. One provider interviewed owned a child care program that operated 24 hours per day, 7 days a week when needed:

"On occasion, I opened at 6:00 am or 6:30 am to accommodate specific schedules and specific times and help people out or even kept the kids till 8:00 pm. On occasion, I did have kids overnight. I didn't do it on a regular basis and didn't advertise that."

inclusive practices communication additional support
safe environment willingness to accommodate
supports behavioral needs open door **Care** flexibility
flexible hours kids first early morning
parents felt included **strengths** late-night
responsive social overnight weekend
family-like child animals unique offerings
helps with tasks
outdoor feels like home art music particular programs
makes room for differences provides information

In addition to flexibility in care hours, some providers also helped families with tasks such as dropping off and picking up school-aged children and offering child care events for parents such as Friday “date night.”

Another particular strength that many providers identified was the family-like atmosphere that they were able to cultivate in their child care business. Providers shared over and over that the close relationships they formed with families were one of the things they were most proud of about their programs.

“It’s a family. It doesn’t matter what their background is, or what their struggles are. Their kids are our family.”

It is likely that their ability to be flexible, accommodating, and transparent with families added to this rapport.

“If something didn’t fit, I was very vocal about that or how can I help them more. I would always tell my clients too that I have my way of doing things. The state has rules for me, but if there’s something that you do differently for your child, let me know and we can compromise on that.”

“Like I said in my contract, I’m a home-based daycare, and I wanted this to be more than anything else a safe environment for the child. Parents had an open-door policy. They could walk in at any time and see anything that I was doing. I didn’t hide anything behind closed doors, but I wanted the kids to feel like this was their home away from home and that they could be safe and secure in my house.”

In addition, providers told us about the unique offerings they had for children. Providers highlighted having a strong emphasis on promoting socioemotional skills, Spanish-language learning, healthy eating, social justice, morals, and physical health.

“We had baby animals of all kinds, lambs and ducklings and chicks and kitties and puppies and full-sized animals, two horses and donkeys. Everyone enjoyed being able to be in that little bit of a farm setting with gardens and flowers to plant and vegetables to pick. Sandboxes and swings and all the trees, just a nice environment for outdoors.”

B

The Impact of COVID-19 on Child Care Programs

During their interview, we asked providers to reflect on the impact of the COVID-19 pandemic on their program operations, the steps they took to stay open, and what ultimately caused them to decide to close their business permanently.

Measures Taken to Stay Open and Factors Impacting Decisions to Close

The providers interviewed shared multiple measures they took to stay open, as well as the reasons that led to their ultimate decision to close their child care business. The main challenges contributing to provider decisions to close included: finances, health, staffing, restrictions and regulations, personal household needs, and relationships with the families being served. Providers also identified conditions that they struggled with pre-pandemic that became exacerbated during COVID-19, further contributing to their decision to close permanently.



Financial Distress

For many providers, finances played a large role in whether or not they were able to stay open.

“It came down to money, honestly. It came down to, can we afford it? Part of it was we had an insanely high monthly rent. Our bills didn’t stop. We couldn’t afford to either wait to reopen or reopen knowing that we might have to close anyway.”

Specifically, providers struggled with maintaining enrollment, which in turn impacted their income and ability to stay open. As families shifted to remote work or lost employment entirely, they no longer needed care because they could stay home with their children (see additional information below). Other families worried about COVID-19 exposure if they brought their children in for care and therefore disenrolled in programs. Parent uncertainty, paired with small-group instruction mandates limiting the number of children who could be served, significantly impacted enrollment rates and created serious financial challenges for providers that ultimately forced them to close their doors.

“A lot of our current families were just not interested. They were like, ‘We’re working from home. We’re not going to risk it.’”

“[Families] were like, ‘Well, we can work from home so there’s no point [in paying for child care].’”

“At first, it was one [child leaving], and then the next month, maybe a couple. Then it got drastic. Almost every parent was either losing their job completely or working remotely, so they didn’t need me.”

“That was really hard too because she’s like, ‘Well, I got to get a nanny, or something.’ I lost so much income doing that. I never thought, like, where I was at a point where I was like, ‘I can’t lose one kid.’...I felt I couldn’t lose any kids and then right away, I lost half. Then I ended up losing all. I’m like, ‘What are we going to do?’”

Finally, the realization that this could happen again in the future impacted providers’ decisions to close permanently.

“All of a sudden, all the parents are working at home and they don’t need me. We had talked about opening back up and I think my husband and I were nervous about it.”

As providers were losing their paychecks due to low enrollment numbers, they were concurrently struggling to purchase items necessary to keep their doors open. Providers were unable to afford the basic necessities such as personal protective equipment needed to keep children safe in their homes.

“There wasn’t money to cover the supplies necessary to be safe.”

“We had to spend more money, but we were making less money. It didn’t really work.”

“Because I was making so little and having to spend so much because the masks or cleaning supplies that we did find were marked up so high or hand sanitizer, we had to get all these different ingredients to put together to make hand sanitizer. We were putting out so much money.”

“Even if there was, we couldn’t find the supplies. I got on Amazon as a provider that qualified to be able to get some personal protective equipment, but even still, it wasn’t enough and it was exorbitantly expensive.”

Despite these financial challenges, providers shared many ways they sought to stay open. For example, some providers’ spouses sought additional employment, and some offered temporary respite care. Importantly, these providers did not ask parents to pay more for child care to make up for financial distress. If anything, these providers described working for free and being more understanding with missed payments.

“I didn’t charge people. I’m pretty sure I didn’t charge people for April, May, or the beginning of June. Then for a while, I still did the Zoom meetings because everybody was stuck at home and I felt bad.”

“I just didn’t charge. I had a couple families that paid. I feel like that happened. I may have reimbursed them. I don’t remember now exactly. It was not my intention to have them pay. There were some, though, that insisted.”

Due to specific stipulations in their contracts, some providers had to be flexible in the care they provided to families. For example, some opened up again for a week after they “closed” so families received all the child care they had already paid for; other providers worked for free, and some providers used weeks they were closed as allocated vacation time included in their contracts.

“They couldn’t pay me for child care that I wasn’t providing, so I couldn’t bill them for things. I had them pre-pay for the month, and I think since I closed a week early, I ended up taking that as a counted vacation week because I pre-wrote in my contract that I get so many paid vacation days. So, I had them pay me as a vacation week and said that I would take it off of my total. Then I didn’t have to come up with the money to pay them back for the week that I wasn’t providing care for because they paid in advance.”

Families also helped providers in terms of being flexible in their payments and contracts. Some parents sought to support providers by continuing to pay them even if their child was not coming in for child care.

“I think a couple of families voluntarily gave up their last month’s deposit. I used that to pay my assistant.”

Health Concerns

Not surprisingly, health concerns contributed to providers' decisions to close their child care businesses. Providers discussed fears surrounding COVID-19 and protecting themselves and family members from potential exposure and illness. Providers had pre-existing medical conditions, partners who were essential workers and exposed to daily risk, or children with medical needs. Especially early in the pandemic, providers felt the stress of the unknown of how the COVID-19 virus was transmitted. Family members started getting sick and providers closed down to keep their families safe.

Those who stayed open past the initial few months of the pandemic stated that they noticed children they cared for were getting sick and that parents continued to bring children to receive care, many times out of necessity, so that parents could continue to work.

"It was a lot. It was very, very stressful. I would see the families on Facebook going to birthday parties and doing all this stuff. I'm like, 'This is putting us at risk, and it's very scary,' because so many people were dying from it."

"There were 3 months where I was consistently so sick and trying to clean, and the kids kept coming sick. I just told everybody, I'm like, 'You guys got to stop. I can't get better. I can't take care of them. I'm going to have to close for a while.'"

In an effort to limit possible COVID-19 exposure but still stay open, providers modified their programs to include outside or Zoom programming. One provider created at-home activity kits for families. Another shared she had to modify her schedule and close 1 day a week in order to be able to go to health appointments.



"I think one of the reasons that we were able to pivot to being able to be outdoors is because of the emphasis on environmental education. When I founded the school, I was cognizant about making sure we had an area where the kids could be outside, and that there was an outdoor learning space. I know not every school had that option, but even still, it wasn't sustainable. We didn't have an outdoor bathroom. It worked for a short amount of time."

"I'd package things, projects for them to work on, and then we would do it or show the results in a Zoom class."

Staffing Challenges

Providers reported having to close because they lost staff who were experiencing all the fears, uncertainties, and risks that child care owners were experiencing. Staff did not want to risk their health or lose income. Providers described how many staff “held out” as long as they could, but ultimately opted for unemployment or finding another job.

“My two managers decided that they didn’t want to take any chances and they were going to go get on unemployment right away. Without them it wouldn’t have worked.”

Providers tried to retain staff by paying them out of their personal savings accounts, but ultimately this was not sustainable.

“Because it was my staff member, I personally paid them out of my savings account for the next...I don’t remember if I paid them a vacation week or not because I prepaid them for the month as well. I feel like the following month that I either paid full price or half price for my staff so that they have a little bit more income. That one came out of my personal savings account because I didn’t have any income from my parents. I paid them, and then after that, I said, ‘I’m sorry, I’m not opening right now. I can’t open right now, and I can’t pay you.’”

“Then after 3 or 4 months, I think it was, I offered her savings too. Then she’s like, ‘I can’t wait around anymore,’ and she had to go get another job. Even if I was going to reopen at that time, then I would have to find a new staff member to be able to even bring back all my kids.”

Rules and Regulations Impacting Providers

Providers felt overwhelmed by the changing rules and regulations from the state. As a result, some providers decided to close early on in the pandemic rather than try to implement any of the required adjustments to their programs. Others that did try to implement changes found it challenging. In particular, mandates for keeping kids spaced in their small homes, reducing risks when some parents were essential workers in the healthcare field, and staying within reduced child numbers despite impacts on their income were described as most challenging. Providers indicated it was difficult to implement changes while maintaining that “family” feel of an in-home child care center.

“What happened was they shut us down for what was supposed to be a week or two. Trying to remember now. It’s been a while. It turned into more like 2 months that we were closed. Then they implemented a big set of rules in order to be able to open back up.”

“With all the new policies put in place for the cleaning, and it became working 14 hours a day with everything that I had to do.”

“As I saw the rules coming out and I was reading the rules and things like that, I just had to say that this was too much for me to even take on. Because of all the extra rules and all the extra spacing and that stuff, I didn’t continue for a while and then closed. I just didn’t open up again.”

Many of the providers interviewed operated out of their homes, which was an added challenge. As much as providers understood the importance of things such as keeping space between children and wearing a mask indoors, it was often not sustainable in a home setting.

“This is my home. This is where I live. This is my place.”

“When the rules started coming out and it said you have to keep the kids separate, which is impossible in one house. I only have one living area. They couldn’t sit together when they’re eating at the table, which is also impossible because we’re at the table. I had to separate the ages, so they couldn’t play together.”

“Originally back in 2020, when the mandates for masks for children living in the home came out, we made the decision to close, because we ran so long throughout the week. I could not require my children to wear a mask in their own home for so many hours. There’s a point where trying to keep you healthy is detrimental, either in health or in psychological or emotional or other ways. That was the clincher in 2020.”

Provider Personal Family/Household Needs

Providers with children of their own discussed how the transition to online learning for school-aged children impacted their decision to close. These providers struggled, having to be a child care provider, business owner, parent, and teacher—among so many other roles—to meet the needs of their families.

“The ability to meet everybody’s needs. My needs, my children’s needs, child care children’s needs, and their greater families’ needs, it’s too much right now. I can’t give the best of myself to my children and my extra children with COVID.”

“Also, my own children weren’t in school anymore. Even though they technically counted towards my daycare numbers, my son who was older had different needs than a lot of the children that I was caring for. I was supposed to be doing home learning with him and supporting him with his education. I didn’t see myself being able to do that and also focus on the child care in a way that met everybody’s needs well.”

“I still had two school-age children of my own and I needed the time and space for them, so I just shut the doors.”

“It wasn’t necessarily taking care of them. It was that I had to be not only their parent, but also their teacher. Then the caregiver for the other kids as well as the one that I had. The fact that I had a newborn, it was a lot. It was a lot.”

Exacerbation of Pre-Existing Challenges

The interviews uncovered many pre-existing factors that were already challenging for child care providers, and which were exacerbated by the COVID-19 pandemic and ultimately impacted their decisions to close. For example, long-standing difficulties such as finding qualified staff and lack of pay in the field of child care became all the more challenging, as is illustrated in the sections above. Other providers were already feeling like their house was too small for providing child care, and this feeling grew with social-distancing requirements. Some providers were close to retirement age or were already considering a career change, and shared that the pandemic sped up their exit out of the child care industry.



“I don’t have retirement. I was doing all of the bookkeeping. It was in my home. My kid was getting old enough that they needed their own room. My house wasn’t big enough for that. I’m a single parent. My kid doesn’t have another parent. I didn’t have the resources to add on or something. I was either going to need to do something different or go bigger somehow.”

Family Relationships

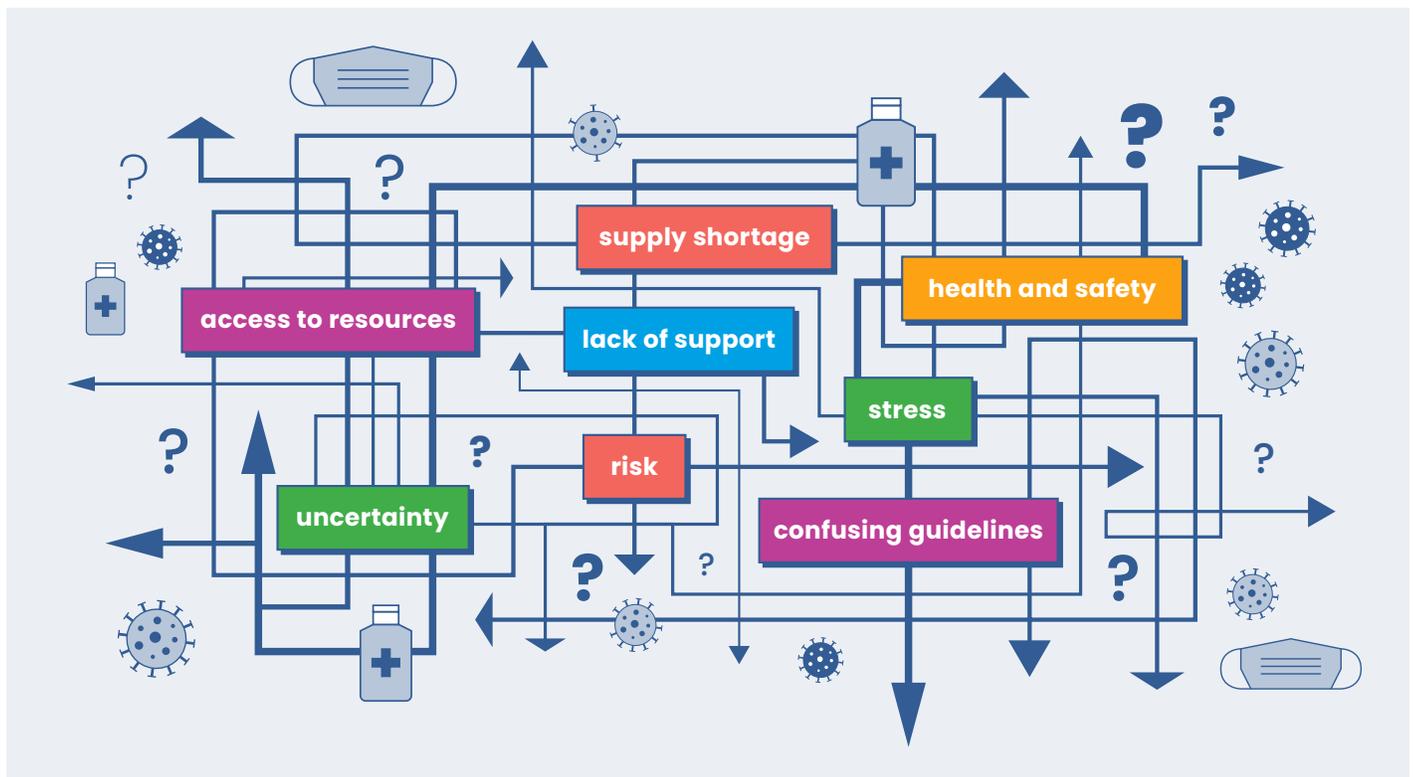
For some providers, the COVID-19 pandemic resulted in changes in their relationships with the families that they were serving, sometimes in negative ways that ultimately prompted them to decide that staying open was not worth it.

“Honestly, there were some families that reacted pretty horribly when we did have to close for a short time because we weren’t allowed to be open. We had families threatening to sue us for a breach of contract. We ended up having to get a lawyer, like a contract lawyer to help our school because families are like, ‘Well, we paid and you have to get it back.’ It’s like, ‘Cool, but I’ve used that to pay for insurance and to buy supplies and to do these things.’ Then we had families accusing us of stealing their money and using it for our own benefit. I’m like, ‘We live in a tiny house with a Prius and one bathroom, where do you think I’m hiding this money?’ The way some of the families were responding it’s like, I’m putting myself and my child who was a NICU baby in respiratory distress. I’m putting my family at risk and I’m still trying to find ways to serve your kiddo, and you’re trying to sue me. This isn’t worth it. I’m a non-profit preschool teacher. I make barely above minimum wage. It wasn’t worth the stress or the health risk. That was like, ‘This is a sign. It’s time to be done.’”

Supports Accessed by Providers

About half the providers interviewed received some sort of financial (PPP, unemployment, grants) or material support (equipment, food, supplies) from organizations such as the federal government, Oregon Early Learning Division (ELD), and the Oregon Child Care Resource and Referral Agencies (CCR&R). Health and safety equipment such as masks, hand sanitizer, wipes, and thermometers were described as being helpful to providers, who were experiencing shortages of these materials and competition for them with other prioritized industries (e.g., health care). Providers shared stories of spending extended time, money, and energy trying to address these shortages such as scouring Amazon for health and safety equipment and gathering ingredients to create their own hand sanitizer.

“...the Lysol sanitizing wipes, you could not find. The CCR&R gave us some when they had some and then OCC (the Office of Child Care) sent us some as well when they could. I remember being impressed that they could find them...the CCR&R gave us thermometers that you didn’t have to be in contact with the children to use and the little things that made the extra amount of work that much easier...CCR&R gave us face shield, so the kids could see our faces. It was the little things that made it worth it.”



Rising costs brought on by shortages and increased competition, as well as a myriad of other challenges listed in the section above, made financial supports such as PPP loans, grants, or COVID-19 unemployment relief important as well.

While financial supports provided temporary relief from loss of income and/or allowed providers to continue to serve families, they were not considered sufficient to support the longer-term well-being of child care businesses.

"...the loan helped for a month, but because I was making so little and having to spend so much because the masks or cleaning supplies that we did find were marked up so high. For hand sanitizer, we had to get all these different ingredients to put together to make hand sanitizer. We were putting out so much money. It didn't last long."

"That [unemployment] helped me get by during that time. It gave me the bare minimum I needed to be able to get groceries and so I just left it at that."



Obtaining some of the specific material supports needed was somewhat more challenging:

"They sent us some food, but it wasn't a lot of things that the kids could eat. I mean, there was a big can of fruit. The kids could eat that, but then there was a big can of tomato sauce."

"I got one box of supplies from the state... what is this? This isn't helpful...There was a purple tub in it. I don't know what we were supposed to be doing with the purple tub."



Providers After Closure

Providers were asked to reflect on their feelings about the closure of their business, if they would consider reopening, and if so, what needs would have to be met for a successful reopening.

Providers shared with us varying levels of positive, negative, and mixed feelings about closing their businesses. While some clearly had regrets and wished they could have remained open, others ultimately described closing as having a positive impact on their personal and/or professional lives.

Regret and Dismay

Many providers shared that they felt they had no other choice but to permanently close due to challenges navigating increased health and safety measures from COVID-19 concerns.

“I just know personally that life has a lot of changes in it and things happen. Whether or not it was on my own timing or what I wanted to do because I definitely didn’t want to leave all those families high and dry...I’m not happy with having to close. I wasn’t like, ‘All right, time is done. I’m ready to move on.’ I wasn’t ready to move on. I definitely feel like I was forced to move on because I wasn’t able to meet the standards and then accommodate the new rules that were put in place.”

When we asked them about what they missed the most about their businesses, providers discussed the strong bonds they developed with the children and families they worked with, and feeling like they were missing out on seeing important milestones in children’s development. Further, many providers also noted that their children and extended family also developed strong bonds with other children in the daycare, and missed the daily interactions with them.

“I missed out on the childhood of all these kiddos, that it’s like a parent not getting to be around their kids because I feel like I raised them. I had some teeny-weeny babies that were just learning how to walk, and just learning how to get around, and just starting to say their first word. That fun, fun stage. I just feel like I was robbed of getting to spend that time with them.”

“There was a lot of crying. I just try to stay in contact as much as I can with a lot of the families because my daughter also grew up with them.”

In addition to missing provider–client relationships, respondents also discussed missing relationships with other early childhood educators and creating fun educational environments for children.

“I miss [provider’s business]. I miss getting to be around kids every day. I miss getting to work with other early childhood educators and helping them grow. I miss families and the connections that I had with them. [Business] was a magical place. There’s a lot that I miss.”

Finally, providers reported frustration with the State of Oregon, Department of Education, and other state departments due to lack of support, and believing that permanent closure could have been avoided with more state support:

"I still have so much sadness about it. It seems so unfair. We get together with these families. I see them almost every week. We're all still bitter about it. It left a bad taste in all of our mouths. It left a bad taste for the State of Oregon. The Department of Education or, like you said, any of these resources that were above us, we don't hold them in high esteem or regard. They didn't want to work with the families they purportedly support. If they don't care about each of the families, why are they in business? That's their entire job is to support and have resources for families."

Mixed Feelings

Despite missing their businesses and the relationships they had formed, some providers shared that they were happy to experience less daily stress and have more time to dedicate towards their own families and personal lives.

"I enjoy having less kids. I can give them more quality time and I like that. I was tired. I did not realize how tired I was until I stopped watching kids."

"I miss that, but as much as I miss it, I don't. That was my 30s and 40s and now I'm in my 50s and I'm like, 'OK, this is nice because I can take the time. I don't have to close up daycare, clean up, do dinner...do this, do that.' It was a natural progression, I guess. All my kids moved out, I'm grandma, and so it went crazy big to like, 'It's small and it's OK, and just take a breath.'"

"Oh gosh. Part of me was scared to go from being consistent and calm. It wasn't always the same amount, but I knew I was going to have money. We were going to have bills paid to now, not knowing what's happening. Then a little bit relieved that I don't have to worry about certain clients not paying me or the stress of watching other people's kids. A lot of me was very torn up about it."

In addition, while providers were sad to have closed their businesses, these providers took comfort in knowing they provided an important service that helped a lot of people.

"Oh, it's fine [that my business closed]. The way that it happened was certainly not ideal. Closing a program that was very near and dear to my heart with threats of lawsuits because of the global pandemic, not awesome. I know that we did a lot of good. I still get to see my students now, like my son goes to school with them. I am fine with it and thankful that my family situation allowed me to pivot and change careers into something else. I know that's not the case for a lot of people."

Positive Outcomes

Some providers were happy to close their businesses. Benefits cited included having more consistent schedules and fewer health risks. With less childcare-related stress, they have more time and capacity to take care of themselves and their families.

"It's less chaotic. It's more guaranteed pay. It's less risky as well health wise... It's a lot less area to clean. I don't have to deal with parents or the kids even for that long, so it is less stressful...Working as hard as I did for so long and so many hours, I developed chronic illness...It's better on me physically as well as mentally."

"It was the right decision for me. I'm feeling less stress and less daily pain that I was having. Yeah, all of that's improved."

Providers spoke positively about moving away from child care and pursuing other career and personal goals that better supported their mental, emotional, and financial success.

"The timing was perfect. It worked out quite well for me. I had already been talking to the parents about some dates for retiring. They knew that was on the horizon. They were shocked and not happy with how quickly I did it, but that's how it went."

"[Referring to new position] I'm in much better financial standing than I ever was running my program."

"I knew when my own child went to school, I didn't want to keep having a school in my house. I was either going to switch to going back to teaching or a whole new career. I had convinced a bunch of other people to go be nurses because it's a great job. I was like, 'You know, why don't I go be a nurse?' I had already done a bunch of pre-reqs and then started that process a little early. Like, 'Well, I guess I'm going to go work in health care in a pandemic now.' That's what I did."

Some providers shared that hearing about the challenges that providers who are still in operation continue to face gives them confirmation that their decision to close was the correct choice for them.

"I watched what friends of mine went through after I had closed [center] and they had reopened certified family in-home or center programs. It was a nightmare for everyone. In that way, I was like, 'I made the right decision'. I know how much head space owning an early childhood program takes up pre-pandemic."

Despite initially experiencing conflicting feelings, other providers were happy that they closed their businesses, seeing forced closures as blessings in disguise.

"Honestly, I think it was a blessing in disguise. It was a decision that I wouldn't have made on my own for many different reasons. I liked doing it. I liked that my kids had playmates."

Impact of Closure on Provider Income

Providers were asked to share about how closing their child care businesses impacted them financially, now that their businesses were closed.

Some providers shared that despite losing income from their child care program, they experienced minimal financial impact because they could rely on other sources of income (e.g., their spouse's income). Others shared that without consistent income from child care, they became dependent on government assistance (unemployment, rent waivers, etc.) to make ends meet.

"It really hasn't [impacted me financially]. We had been working towards my retirement for years. I would say I took less vacation, but...hadn't taken vacation during COVID much anyway. Yeah, I haven't seen that much of an impact."

"Oh, God. It's been nuts. I was making more than my husband [before closing my business]. Now, I definitely don't. We have struggled financially for years now and has been very, very hard. His job even shut down, so he's had to start from zero as well and start a different job. We were on unemployment, which I had never been on unemployment in my life. We were on unemployment. When that stopped, we've needed rent assistance and utility assistance and all of it, food stamps. I remember, probably about halfway into

COVID, or a few months into COVID, I was like, 'Gosh, we're going to need food stamps.' I told him, I'm like, 'I want to get off of these as soon as possible. I want them to be available.' We didn't need them. 'I want it to be available for the families that really need it.' We're still on it now, 2 years later, after I said that."

"Then the following week, month of April, I just flat out didn't have income and had to figure out how to handle it without it. It made a humongous hardship on my family."

Most of these providers ultimately found ways to earn a living through other means.

Of the 15 providers interviewed, 2 have continued working in child care since the closure of their business. For these providers, their current child-care-related income often came from child care requests from family members and close friends. For example, one provider began caring for a family member with autism, another began caring for a grandchild, and another began teaching a pod of students.

"I'm a direct support professional for my nephew with autism. Then my second child qualified for SSI (Supplemental Security Income). We'll be involved with the government in a different way."

A majority of providers interviewed did not continue in the field of child care, and instead found employment in other fields. A few providers continued onto graduate and professional programs in areas such as nursing, business, and library science. Other income sources were related to work in fields as diverse as running a food cart, providing hospice care, reselling items from their child care business, and providing administrative support at a public school.

“This year this school asked me to be the office administrator. I’m not working directly with the children, but kind of I am because it’s all the kids in the whole entire school, preschool, and elementary. In a way, it’s still a child care division because I’m still with the kids, and I’m still doing things.”

“That month, I closed in March, I had five children at home and was a single mom. The neighbor directly had two parents on hospice. He said, ‘I have one care provider, but I need more coverage.’ He said, ‘You’d be wonderful. Would you come begin to care for my family?’ I did. I stayed with them until they passed. Then, word of mouth through hospice, I’ve become the hospice care provider.”

“I went and got a whole new career. I’m 3 months away from graduating with my BSN.”

“I graduated with an MBA. I’ve been in operations for a different education management company since then.”

“Then that following summer, 14 months later or something, I started the Library and Information Science grad program. I started going to school, and then the next fall, I started working at a local public elementary school in the library...I’m trying to work with children and families in public libraries. Right now, I’m in a school library because I still want to do the programming and the relationship building and all that stuff, but I don’t want to be running in charge of a classroom like a whole group of kids.”

Some providers did not have a new income source. Instead, they relied on their spouse’s income, started retirement, or received support from government entities such as through general unemployment, pandemic unemployment assistance, and social security.

“I don’t have an income. I just rely on my husband.”

“The first year when I also was in school, I was on unemployment and getting also the PUA (Pandemic Unemployment Assistance). I feel bad about it, but I was making more money than when I was running the school.”

“I’m living on Social Security now.”

“I’m waiting for the help from Community Action. I’m selling a lot of stuff. A lot of things that I had in [my program].”

A few providers shared that their new sources of income have proven to be better for them in some ways than their original child care business.

“It’s less chaotic. It’s more guaranteed pay. It’s less risky as well health wise. I have continued to wear a mask even if the kids haven’t. It’s a lot less area to clean. I don’t have to deal with parents or the kids even for that long, so it is less stressful. They’re also not in my home, but I did like being at home. I really liked that aspect of being able to stay home. Working as hard as I did for so long and so many hours, I developed chronic illness. I’m limited with what I can do. This job is more part time. It’s better on me physically as well as mentally.”

“Honestly, I’m in much better financial standing than I ever was running my program. I was not making very much money at my school.”

Reasons for Remaining Closed

When asked if they wanted to reopen, a majority of respondents reported that under current circumstances, they would not reopen their businesses. Reasons for staying closed varied based upon the provider and included: having to re-start the business, income potential, concern for personal homes, child care rules and regulations, and challenging client relationships.

Start-Up Concerns

Providers felt strongly that they would not want to reopen based on their experiences working in the field, and their understanding of the demands of running their businesses. In addition, a few respondents noted concern for starting over as older adults. These respondents elected to pursue other, less demanding careers, or retirement.

“At this age, no. If you could restore my health, my youth. Would I do it all over again? Yes, but at this point in my life, no. I’m 60 years old and I was ready to retire.”

Income Potential

Providers that had attained employment in new industries with higher incomes stated that this motivated them to remain out of the child care field.

“I don’t know if it’s selfish or practical. Being a preschool teacher doesn’t pay very well. Nursing pays a lot better. I still get to work with families who are potentially struggling in difficult situations and provide education and care, just from a different angle.”

Concern for Family-Based Child Care

Providers noted that another reason for not wanting to reopen their business was that they were operating within their personal homes. They did not want to reopen at the expense of repurposing their family home (again) to meet child care regulations.

“No. I would not. Like I said, it was in my house. My house is no longer set up to be a preschool....It’s really nice to have my living room back.”



Child Care Rules and Regulations

Providers stated that they did not want to reopen because they did not want to deal with the state and changing guidelines.

“Not if I have to deal with the State of Oregon or any of the factors of it. No.”

Challenging Client Relationships

Some providers told us that they did not want to continue transactional, “exhausting” provider–client relationships. Some reported that relationships with parents had been challenging (especially during the pandemic), that interactions with parents as a child care provider were increasingly impersonal and that they did not want to continue to operate in that sort of environment. This was a pre-existing condition that was exacerbated through the pandemic.

“There can be this disconnect between providers and families in which providers and teachers might work with a kid for 40 hours a week. Spending a lot of time with a young person. You’re still being paid for a service. Sometimes parents approach it like, ‘I’m paying you for a service.’ When there’s that piece involved, it can take the humanity out of the relationships and the job. I have always thought that if preschool was actually free, then it would be a lot easier to support children and families. Especially, when I had a fairly expensive program for middle- and upper middle-class families, and they were paying for a service, it’s like the relationship between a shitty person at a fancy restaurant and a waiter. Where it’s like, ‘I’m going to expect you to do exactly what I want to do. Your humaneness needs to be removed.’ I think that was exacerbated in the pandemic. I’m not interested in that relationship anymore because it’s exhausting.”

D

Impact of Closures on Families

We also asked providers to share what they knew about the experiences of families they served, especially in relation to losing care either temporarily or permanently. Providers understood that sudden provider closures made it difficult for families to meet child care needs in the immediate term. In rare instances when providers were able to provide advanced notice of closure, parents were better able to find replacement child care. Situations varied considerably, of course, depending on each family's circumstances; key themes are summarized below.

Some parents that could work from home did not seek outside child care and watched their children while working. However, this situation could be challenging for parents.

"Some [children] would be home with [their parents]. [The parents] would just do their own things with their kids. They were home and there were some that were having a hard time with it."

"I know most of [the parents] work from home and I don't know how successful that was with all of them. I imagine it was pretty difficult."

Additionally, in instances where one or both parents had lost their jobs because of COVID-19 and were at home to watch their children, they no longer needed child care.

"Quite a few of our families' parents were able to transition to work from home or they had a parent who had lost their job that was receiving unemployment, so they took on a stay-at-home parent role while another parent was working."

At times, if their schedules permitted it, parents juggled child care responsibilities between themselves.

"Constantly, one of them was at work and one of them was with the kids. All the time. They had a new baby. They could barely pay their bills because then [the restaurant they worked at] would close. There [were] definitely situations where people were struggling."

When possible, some families chose to have one parent stop working and take care of children at home.

"One [parent] took an entire year off to stay home. The wife was the doctor, the husband stayed home. Another family, the wife stopped working. It affected this greatly. It affected it greatly to a shocking degree."

Families also relied on older children or extended family members such as aunts or grandparents to provide child care in their homes.

“...Grandmas stepped up [to provide child care] and grandpas and uncles and aunts and things. They had to just be like, ‘On Monday, she’s at her grandmother’s. On Tuesday, she’s at her uncle’s, and Wednesday, she’s at her aunt’s house.’ That kind of scenario is what I heard mostly about where they ended up going.”

Other child care arrangements in homes included families hiring private nannies or grouping together to form child care pods.

“I know a couple of families did their own four-kid preschool pod and rotated houses.”

“One lady had to get a nanny. Somebody that just came to her.”

“I had a family that offered to let me live in their basement. I had another family that was like, ‘Well, why don’t we run a co-op in our yard and you can come teach it?’”

Providers sometimes referred families to each other so that they could form educational pods.

“I did refer [parents] within each other. Say like, one parent was working from home, and I said, ‘This other parent needs somebody twice a week for this many hours,’ so some parents... worked together since their kids were already together at different times.”

Families were able to find child care outside of their own homes, but often this meant traveling further, working with unlicensed caregivers, or piecing together care options.

“They had to just be like, ‘On Monday, she’s at her grandmother. On Tuesday, she’s at her uncle’s, and Wednesday, she’s at her aunt’s house.’ That kind of scenario is what I heard mostly about where they ended up going.”

“Some of them went to unlicensed, legal... I’m assuming legal, unlicensed people.”

Providers suggested that an increase in unlicensed care occurred during this time.

“We are in a place where there is no child care. Nothing. The other worst offense is that the state took an area where there were six providers. We have six providers in my county of 40,000 people. Six providers. They closed three of those during COVID. Our town can’t afford that. You know what that does? It makes people simply open up daycares unlicensed everywhere. There’s people in our town watching children that no one knows about and how dangerous that is. Plus, they can’t qualify for USDA food program or involve themselves in any of those programs. It’s creating an underground market that the state doesn’t know anything about.”

Infant care was the most difficult to find, while those families that had children transitioning into school age eventually were able to send their children to schools that were reopening and associated after care programs.

“I had a lot of people call about brand-new infants, and there was nobody available for that. I had to keep turning them away.”

“[Families] had to jump around and find different daycares, for sure. All the daycares were always full, and it was hard to get in places. I know one family that went from camp to camp to camp to camp for their older kids because there wasn’t a place that had a spot. Every week she went to a new camp around town because Mom and Dad still had to work.

“Some of their children started school, so they didn’t need as much child care. Most of them are in sports. Some of them go to after-school programs even during the summer.”

Most providers were not able to support families in transitioning into other care because they did not have knowledge of other providers. There was a small percentage of providers that were able to let their families know of other providers in the area that had openings, but did not feel comfortable specifically referring families or recommending providers because they did not know the quality of the services being offered. One provider did describe being part of a larger network and helping to support placement for families.



“[Families] did ask me. I could tell them other daycares [were available] but I have never set foot in any of these [other daycares], so I would never recommend [them]. I can say, ‘I know there’s a daycare over here.’”

E

Supports Needed to Prevent Future Closures or to Help Providers Reopen

Providers identified five areas of support that would help them reopen if they chose to do so. These included: financial, material, space, transportation, and staffing. They also had some specific suggestions for relationship building within the early child care system that would help with provider resiliency.

Financial Support

More than half of respondents reported needing increased and timely financial support to cover a wide variety of business expenses. Providers needed support to continue to “do what I’ve already been doing.” Providers also specifically noted other expenses that would need to be covered, including hiring additional staff, providing fair pay and benefits, providing hazard pay, supporting startup costs, and providing field trips and other educational opportunities for children. Some providers shared their desire to use financial support to supplement tuition so that their programs could be more accessible to lower-income families without requiring programs to sacrifice quality or provider/staff income.

“I would want some startup cost to have a building built onto my home. Its own separate daycare area. Yes, I would also need money to hire people so I could manage it and hire people to do the actual day-to-day stuff. Absolutely.”

“Would I love to, if I had unlimited funds, open an amazing child and family-resource center? Absolutely.”

“Another thing that I would want if I was going to open back up is figuring out how to make it more accessible to low-income families. Make it work for them in terms of hours and stuff like that. That never sat well with me, even though there were obviously benefits that made it easier in a lot of ways and stuff. A lot of it was the hours. I’m trying to think. There were definitely a few times where people called...I had to say, ‘I’m sorry. I don’t do those hours,’ or, ‘This is the tuition.’”

“I used to just sit and be like, ‘If you want to support my program, I need money. I need money so I can stay open. I need money so I can pay staff a hazard pay.’ It was like, I need that now.”

“When programs started to receive financial support down the road, when grants were rolling out and it was January of 2021, it was months beyond anything that would have been helpful.”

Material Support

Receiving more material and tangible supports for child care operations would also help providers to reopen. Specific examples included increased safety and hazard gear and cleaning supplies. Further, providers consistently reported wanting to expand their facilities so that larger and more accessible spaces would be available. Providers told us that they most needed spaces that were connected to their homes, or somewhere close to their places of residence to minimize travel time and other barriers to care.

“Yeah, definitely, like the cleaning stuff that we would need and protection for us and stuff. I think those would be the main things.”

“I would need a separate space whether it’s in my home or a walkout basement or something, I would need a separate space. My family includes 2 people with autism and having 15 children throughout your home every day is too much. Or even one child throughout your home.”

“If you could wave your wand and make that happen, not in my house, but a new space where I could have classrooms and teachers and I could run a facility, that is what I would do.”

“It would take a lot. I would need to be in a different location because I don’t really have a yard right now. I need a yard for the kids, but a lot of things would have to change.”

“Find me that perfect facility that’s right nearby. A short drive.”

Transportation

Providers expressed the need to increase program accessibility and program opportunities by including transportation as part of their services.

“I would also want a vehicle, a van, because I love to take them and go places. A van would be phenomenal.”

Staffing

Many providers reported additional staff as the most important thing that would help them to reopen and sustainably run child care operations. Additional staff would help with supervision, cleaning, cooking, changing diapers, and generally be “a second pair of hands.” Providers also expressed a desire to hire compassionate staff who “really want to be there.”

Relationship-Building Within Early Childhood System

Many providers expressed frustration and disappointment working with various state agencies that they interacted with, including the Office of Child Care, ELD, and so forth. They noted that they did not receive adequate and/or compassionate support from these state agencies, and would like state agency staff to take a more human-centered and understanding approach.

Finally, providers expressed their desire for the ELD and the Office of Child Care to facilitate more informal provider collaboration and networking opportunities for providers to learn who else is in the child care network, receive support, and build community. Respondents note that while they have been able to connect with other providers, it has been on their own volition over social media.

"I would want more low-key community engagement with other providers facilitated by the ELD or by the licensing department. Like meet and greets. Things that are really low key. It doesn't need to be a weekend conference. Some way for providers to connect that was put on by the ELD or by the state to support providers in the industry...I don't think that ever existed unless I was willing to seek those personal relationships on my own which I was."

Clear Operational and Financial Support Guidelines

Multiple providers stressed the importance of clarity in requirements around receiving financial support and that an increase in clarity could have helped providers feel more confident in accessing financial services.

"People needed funds to stay open. They needed to be able to pay their staff. They needed to be able to do it in a way that was clearly stated because there were some options out there but it's like, 'Maybe I have to pay it back. Maybe I don't. I don't understand how this works. Is this going to come back to bite me later?' It was unclear with some of the funding options that were available."

"The short answer is people needed money and clarity. In a surprise pandemic, those things are really hard to come by."

"...there was a lot of information coming from Early [Learning] Division that was... not clear. It was like, 'There will be new rules.' We were like, 'Well, what are they? You'll have to implement these hazard rules.' We were like, 'Great, what are they?'"

"It was really like operating in the dark."

Providers also stated that they would have benefitted from clearer and more succinct guidelines around staying open that were more applicable to their businesses. Often, regulations and guidelines were perceived as being developed through a "one-size-fits-all" lens that did not accurately capture the realities of their home-based child care businesses. Because of this, they struggled to follow the guidance, and in some instances were not able to.

"It's so much information coming at you. The biggest complaint I had is a lot of information that was coming out was for big centers and as a small place with only 10 kids. I'm like, 'But how does that apply to me? You're saying that there has to be dividers and masks and this and that, but those places also have 100 kids.' I have 10 kids, there's no way I can keep infants and toddlers from that. We're just in one little room. I guess, I didn't feel that information was geared towards...I know there were other smaller places like me that were like, 'OK, but what about this for us?'"

"My suggestion would be to have somebody come into an actual center or a home and say, 'These are the rules that we're trying to implement. Let me see if it would even work.'...Some things [were] so...unrealistic that it was comical...I remember telling somebody, "They have to sit six feet apart when they're eating. My whole kitchen and dining room isn't even six feet."

"I felt like every day there was a new rule coming out. Every day, there was a new 30-page booklet that we had to read. From there, I just said no. It was too much."

A striking number of providers expressed feeling alone or abandoned during the COVID-19 crisis and felt if they had received more caring and individualized approaches for support, they might have been able to stay open.

"I would tell [ELD], maybe be more personable. I get that it's a business but we're people, not a product."

"The hoops that you have to go through to become a certified program, there's a lot. I knew the licensing handbook front to back. To go from the level of engagement with licensing and with the Early Learning Division to be like, 'OK, you can open [as a licensed provider],' to then nothing when we were in a pandemic was...A little bit, I understood that nobody knew what was happening and everyone was in collective crisis."

"Somebody could have...put together a team to be like, 'Hey, let's check on these daycares,' or just people, we are people, and see how we're doing, see how they can support us after the fact...I just felt like, 'Oh, you're [closed]? OK. Bye. See you.'...All the time you hear, 'Oh, you're so important to us,' but it's like, 'OK, as long as I'm licensed in there, you care. You care what my house looks like. You care if a lock is broke. You care if I have a certain plant planted in my yard that can't be there, but now that I'm not there, I'm not important anymore.'"

Recommendations and Discussion

The COVID-19 pandemic clearly created an unprecedented set of circumstances for families, child care providers, and the state governments charged with supporting them. The pressures created on an already stressed child care system were exacerbated, leading to the current child care crisis playing out nationally and in Oregon. In reflecting on the experiences of providers who closed their programs during the pandemic, lessons for what kinds of supports are most important to prioritize can be learned. Many of the providers we spoke with would likely not have closed their programs if COVID-19 had not occurred, and described their programs as sources not only of income but of personal pride in fulfilling a much-needed role in their community. The flexible, family-like settings that characterized these programs are the very type of child care that families clearly want and need. It is with this in mind that we make the following recommendations based on these providers' experiences.

- 1. Build and strengthen working relationships between state agency staff and child care providers.** While some recommendations require heavier investments in child care (e.g., to improve facilities and to build a more stable, well-compensated, and well-trained workforce), these providers also clearly prioritized the need for creating more positive, stronger working relationships between the state agency and providers. Specific suggestions included:
 - a.** Increasing opportunities to regularly involve providers in making decisions that impact them (e.g., asking providers what supplies they need to avoid the supply failures);
 - b.** Providing more tailored (individualized) guidance for health and other emergency protocols that reflects their needs;
 - c.** Convening and facilitating informal meetings for state staff and providers to meet one another, build community, and create sustainable and reliable relationships. Having more opportunities for face-to-face, or at least individualized, contact, with state and local early learning agency partners were some things providers told us would have helped them to feel better supported, as well as facilitate more opportunities for asking questions and understanding the constantly shifting regulations and requirements.

2. Develop an emergency response plan that focuses on clear guidance for standards of care and child care service protocols.

While providing clear and stable guidance for how to maintain health during public health crises was challenging at all levels of government during COVID-19, future emergency preparedness—specifically building on this experience in relation to child care during COVID-19—will help strengthen systems resilience. This plan should include:

- a. Providing easily accessible systems and processes for communicating policies;
- b. Facilitating access to emergency resources;
- c. Supporting bidirectional communication with child care providers.

In terms of specific recommendations for supports to prevent closures or facilitate reopening, the system would benefit from:

- 1. Timely and simple access to short-term emergency financial assistance** that could help child care programs continue to operate at reduced capacity, maintain and pay staff, and obtain needed supplies during temporary closures due to health or other emergencies.
- 2. Prioritizing child care workers as “essential workers”** and supporting them appropriately.
- 3. Better and more timely access to health- and educationally-related materials,** supplies, and other tangible assistance that meet the needs of individual providers, especially as the requirement to respond to infectious disease outbreaks and other emergency situations is needed.

4. Investments in improving child care facilities and physical infrastructure

for providers. Many providers, especially those operating out of their homes, described the need for them to be able to provide more adequate space for children; ideally, space that would allow separation of family members from children being served. These may be especially important during infectious disease outbreaks.

5. Supporting more child care networks and community-building

across programs and providers was something providers told us would be valuable for creating systems of professional support that can help them be more resilient during periods of stress. Increased connections between community providers could also benefit families by helping facilitate transition pathways in the event providers need to close.

As Oregon moves forward, it is important to build on the experiences of providers who closed their programs during the COVID-19 pandemic and to prioritize changes that can help prevent future closures. The system of early learning and child care must work to build more resilient programs that can better weather future challenges. We must also ensure a system that adequately supports these essential workers to be able to provide the level of quality care that families and children need. Ultimately, a system that can flexibly meet the child care needs of Oregon’s families during an emergency is also a system that would benefit children, families, and providers during non-emergency times.

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Appendix. Interview Questions

- 1.** We want to begin by hearing about the child care program that you told us had closed.
 - a.** First, could you tell us a little bit about the families and children you typically served (e.g., number and ages of children, languages spoken, cultural backgrounds, developmental disabilities, etc.)?
 - b.** How long did you operate your program?
 - c.** Did you offer extended hours or care in the evenings or weekends or any other things that might seem to be different than what center-based care might typically offer, for example?
 - d.** What were you most proud of about your program (what were its strengths)?
 - e.** Anything else you want to tell us about the program?
- 2.** What led you to decide to close the program permanently?
- 3.** In what ways did COVID-19 influence your decision to close?
- 4.** What, if anything, did you do to try and stay open longer?
- 5.** What, if any, regional or local professional supports did you access?
- 6.** Is there anything else that the state Early Learning Division, CCR & R, or others could have done that would have helped you to stay open?
- 7.** Since the program closed, what, if anything, have you been doing for paid work/ to earn an income?
- 8.** How are you feeling about the decision to close?
- 9.** If you could wave a magic wand and have everything you needed to reopen your program, would you reopen?
- 10.** Can you tell us anything about what happened with the families you were serving when you closed?
- 11.** Is there anything else you would like to share with us?